

## Kentucky Arts on Tour Grant Program

### *FY 04 Final Report*

**Deadline: 30 days after the completion of the grant period**

1. Grant Number: \_\_\_\_\_ Fiscal Year: 2004
2. Grantee's Name \_\_\_\_\_
3. Mailing Address \_\_\_\_\_
4. City \_\_\_\_\_ 5. State \_\_\_\_\_ 6. Zip+4 \_\_\_\_\_
7. County \_\_\_\_\_ 8. FEIN # \_\_\_\_\_
9. Phone Number \_\_\_\_\_ 10. Fax Number \_\_\_\_\_
11. Email Address \_\_\_\_\_
12. **Contact Person** for this report \_\_\_\_\_
13. Phone Number \_\_\_\_\_ 14. Fax Number \_\_\_\_\_
15. Email Address \_\_\_\_\_
16. Activity Dates Begin: \_\_\_\_\_ End: \_\_\_\_\_
17. Number of Individuals who Benefited from this grant Youth \_\_\_\_\_ Adult \_\_\_\_\_
18. Dollar amount spent on Arts Education \$ \_\_\_\_\_
19. Number of Artists who Participated in this activity \_\_\_\_\_
20. What counties do you serve? \_\_\_\_\_
21. What other states do you serve? (if applicable) \_\_\_\_\_
22. KAC dollars awarded for this activity leverage \$ \_\_\_\_\_ dollars from other sources
23. List other sources: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As you reach the conclusion of your General Operating Support Grant funding period for FY 2004, please respond to the following self-assessment questions on a maximum of two pages, placing your organization's name in the top right hand corner of the page.

### **1. Impact/Evidence**

- Describe the impact this project had on the community and provide supporting evidence (Note: Evidence may include materials created, survey results, participant comments, observation, bibliographies, publications, quantitative participation data, etc.).

### **2. Credit**

- How did you satisfy the Kentucky Arts Council credit requirement? Attach copies of programs, advertisements, newsletters, web site links, etc., containing the credit line.

### Grant Activity Financial Report

Please attach a complete report of the activity income and expenses (one-page maximum), using the following format. Do not include in-kind contributions and expenses, although you may describe these in a budget note. If the actual figures differ substantially from the original budget, please explain in budget notes.

Income	Original Budget	Actual
Kentucky Arts Council Arts on Tour Grant		(grant amount)
Matching Funds (list each major source)		
<b>Total Income</b>		

Expenses	Original Budget	Actual
List each line item from the budget in your application.		
<b>Total Expenses</b>		

<b>Net / (Deficit)</b>		
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### Mailing Address for Final Report

Kentucky Arts Council  
Old Capitol Annex  
300 West Broadway  
Frankfort, KY 40601-1980  
502-564-3757  
Toll Free: 888-833-2787

*I certify that I am legally authorized to submit this report on behalf of the grantee and that the foregoing statements and enclosures are true and complete to the best of my knowledge. All signatures must be in **RED** ink.*

Preparer's Signature \_\_\_\_\_ Date \_\_\_\_\_

**All signatures must be in **RED** ink.**

Type Name \_\_\_\_\_ Title \_\_\_\_\_